
Medicaid Managed Care Care Management Status Data Submission Specifications as of January 1, 2017

**Appendix K, Medicaid Managed Care Provider Agreement
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1. Introduction

As required in Appendix K of the *Medicaid Managed Care Plan Provider Agreement*, the Medicaid Managed Care Plan (MCP) must provide care management services as specified in the agreement. The MCP must submit an electronic file of care management participation status data for all specified members to the Ohio Department of Medicaid (ODM). The MCP should refer to Appendix K for specific details on care management program requirements.

This document describes the file layout, data field definitions, and submission procedures to be used for the reporting of the MCP's care management status data. Quarterly, full replacement files must be submitted to the ODM by the 20th calendar day of the month. Prior to this date, the ODM will supply MCP-specific enrollment files containing all members by enrollment month; every member that appears in the enrollment file provided by the ODM must also appear in the MCP's care management status data file submission.

The care management statuses are: Outreach and Coordination, Engaged, Passive Participation, Inactive, and Comprehensive Primary Care (CPC). The five care management statuses are mutually exclusive (i.e. a member cannot be assigned to more than one status at a time), and for every enrollment span listed in the verified enrollment file, members must have corresponding care management status assignment spans. Separate data rows must be submitted each time a member changes their care management status; simultaneous spans representing changes in care management status assignments may not overlap. Each row in the data submission should be representative of the unique care management status a member was assigned to for the specified date span associated with that data row. For existing members, the enrollment effective date and initial care management status start date may not precede January 1, 2017; for new members, the initial care management status start date must be on or after the member's enrollment effective date. Members enrolling in new populations (i.e., Foster Care, Adoption Assistance, Bureau for Children with Medical Handicaps, 1915(i), and the DD waiver) may have an initial care management status start date that precedes their enrollment effective date. Please see Appendix A for an example of how to submit full replacement information.

2. HIPAA Security Measures

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers—including the care management status data file submitted to the ODM—must be submitted via secure file transfer protocol.

3. Data File Submission Certification Form

Pursuant to 42 CFR 438.604 and 438.608, the MCP is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect Plan payment. The MCP is required to provide a data certification form for each care management status data file submission. A copy of the data file submission letter of certification is found in Appendix C of this document.

Only care management status data files submitted with a data file submission certification form will be accepted by the ODM. The ODM staff will follow up with the MCP if a form has not been submitted with the initial file due on the 20th calendar day of the month.

4. File Name

The name for the care management status file contains unique characters identifying the file type, the submitter’s ID, and the month and year of submission.

4.1 Care Management Status File

The care management status file should be submitted as a CSV file. The care management status file name has the following format:

MMCxxxmmyy.CM99

Position	Symbol	Description
1-3	MMC	MMC= Medicaid Managed Care
4-6	xxx	xxx= Submitter ID
7-10	mmyy	mm= Month of submission yy= Year of submission
11-15	.CM99	CM= Care Management 99= Number of monthly file submission Note: The first file submission of the month should be denoted as “00.” This number should increase by 1 with each new file submission.

Example: File name for the first care management status file submission for January 2017:

MMCxxx0117.CM00

5. Data Field Definitions and Submission Specifications

The following fields must be reported on the full replacement file:

Data Field	Definition	Submission Specifications	Field Type
Medicaid ID	Member's 12-digit Medicaid ID number	N/A	Character
Care Management Status Start Date	<p>The care management status start date is the first calendar date the member is assigned to a particular care management status.</p> <p>The initial care management status start date must be on or after the member's enrollment effective date. Members enrolling in new populations (i.e., Foster Care, Adoption Assistance, Bureau for Children with Medical Handicaps, 1915(i), and the DD waiver) may have an initial care management status start date that precedes the enrollment effective date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Care Management Status End Date	<p>The care management status end date is the last calendar date the member is assigned to a particular care management status.</p> <p>For a member who is still assigned to the current care management status at the time of data submission, enter 12/31/2299 to indicate an active care management status span. For a member who dis-enrolls from the MCP, the disenrollment effective date is the care management status end date.</p>	Eight-digit date format: mm/dd/yyyy	Date

<p>Outreach and Coordination</p>	<p>A member qualifies for the outreach and coordination care management status if the MCP is performing one or more of the following activities for a member:</p> <ol style="list-style-type: none"> 1) Conducting outreach to the member 2) Educating the member 3) Making referrals for physical, behavioral health, or social services 4) Providing service coordination, defined as a planned, active interaction between the MCP care manager (or member of the care team) with any provider involved with the member. 	<p>Place a 1 in the column if the member is assigned to the outreach and coordination care management status. Place a 0 in the column if the member is assigned to an alternate care management status.</p>	<p>Character</p>
<p>Engaged</p>	<p>A member is considered engaged when the MCP has completed an assessment and developed and documented at least one goal in the care plan.</p> <p>A member's engaged care management status date span can remain open as long as the MCP/care manager has maintained the contact schedule requirements.</p>	<p>Place a 1 in the column if the member is assigned to the engaged care management status. Place a 0 in the column if the member is assigned to an alternate care management status.</p>	<p>Character</p>
<p>Passive Participation</p>	<p><u>A member is eligible to be classified with a passive participation status only if there was an engaged status that immediately preceded the passive status. The passive participation status is used when the member has declined the opportunity to interact with the MCP and/or the MCP is able to meet all care management requirements except the contact schedule.</u></p> <p>A member cannot be in a passive participation status for more than three consecutive months. Upon conclusion of the three-month passive participation status period, the MCP must transition the member to a different care management status.</p>	<p>Place a 1 in the column if the member is assigned to the passive participation care management status. Place a 0 in the column if the member is assigned to an alternate care management status.</p>	<p>Character</p>

Inactive	The inactive care management status is reserved for members which the MCP cannot assign to an alternate care management status.	Place a 1 in the column if the member is assigned to the inactive participation care management status. Place a 0 in the column if the member is assigned to an alternate care management status.	Character
CPC	A member is classified with a status of CPC if the member is attributed to and care managed by an Ohio CPC provider, or the MCP is supporting the CPC provider as specified in Appendix K.	Place a 1 in the column if the member is care managed by a CPC provider. Place a 0 in the column if the member is care managed by the MCP.	Character

Appendix A: Example of Full Replacement Records

First Submission:

Example:

The MCP has been unable to make contact with new member Joe Smith, but is conducting outreach as of his enrollment effective date of January 1, 2017

MEDICAID ID: 999999999999

CARE MANAGEMENT STATUS START DATE: January 1, 2017

CARE MANAGEMENT STATUS END DATE: 12/31/2299, because the member is currently assigned to the outreach and coordination care management status at the time of data submission

OUTREACH AND COORDINATION: 1, because the member is currently assigned to the outreach and coordination care management status

ENGAGED: 0, because a member can only be assigned to one care management status at a time

PASSIVE PARTICIPATION: 0, because a member can only be assigned to one care management status at a time

INACTIVE: 0, because a member can only be assigned to one care management status at a time

CPC: 0, because a member can only be assigned to one care management status at a time

Medicaid ID	Care Management Status Start Date	Care Management Status End Date	Outreach and Coordination	Engaged	Passive Participation	Inactive	CPC
999999999999	01/01/2017	12/31/2299	1	0	0	0	0

Second Submission:

Example:

On March 1, 2017, the MCP was able to reach Joe Smith and the care manager has completed an assessment and one goal has been developed and documented in his care plan

MEDICAID ID: 999999999999

CARE MANAGEMENT STATUS START DATE: March 1, 2017

CARE MANAGEMENT STATUS END DATE: The first care management span is closed with an end date of February 28, 2017. The second span is closed with 12/31/2299 because the member is currently assigned to the engaged care management status at the time of data submission

OUTREACH AND COORDINATION: 0, because a member can only be assigned to one care management status at a time

ENGAGED: 1, because the member is currently assigned to the engaged care management status

PASSIVE PARTICIPATION: 0, because a member can only be assigned to one care management status at a time

INACTIVE: 0, because a member can only be assigned to one care management status at a time

CPC: 0, because a member can only be assigned to one care management status at a time

Medicaid ID	Care Management Status Start Date	Care Management Status End Date	Outreach and Coordination	Engaged	Passive Participation	Inactive	CPC
999999999999	01/01/2017	02/28/2017	1	0	0	0	0
999999999999	03/01/2017	12/31/2299	0	1	0	0	0

Appendix B: MCP Submitter IDs

MCP Submitter ID	MCP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	United

